

KENTUCKY WELL INSPECTION FORM

(1) AKGWA
NUMBER

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(2) OWNER/FACILITY INFORMATION

Well Owner's Name:

Last

First

MI

Mailing Address:

City:

State:

Zip:

Well Address (if different)

City:

State:

Zip:

Phone: ()

**Attach Well Record
Label Here
(if applicable)**

**Note: Water well labels begin with "0",
monitoring well labels begin with "8".**

(3) WELL RECORD LABEL LOCATION:

- | | | |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> well casing | <input type="checkbox"/> pressure tank | <input type="checkbox"/> water pipe |
| <input type="checkbox"/> well cap | <input type="checkbox"/> electric box | <input type="checkbox"/> not labeled |
| <input type="checkbox"/> pump | <input type="checkbox"/> other | |

(4) USGS Quadrangle Name

County

WELL
LOCATION

Latitude

Longitude

(5) PHYSIOGRAPHIC OR HYDROLOGIC REGION

- | | |
|--|--|
| <input type="checkbox"/> Blue Grass | <input type="checkbox"/> Ohio River Alluvium |
| <input type="checkbox"/> E. Coal Field | <input type="checkbox"/> W. Coal Field |
| <input type="checkbox"/> Miss. Plateau | <input type="checkbox"/> Jackson Purchase |

(6) DRILLER INFORMATION

Who Constructed Well?

() unknown

Address:

City:

State:

Zip:

Date Well Completed:

Month

Day

Year

() unknown

(7) GENERAL

Type of Construction:

- ☐ drilled/augered
☐ excavate & backfill
☐ hand dug/blasted

Depth of Well:

ft.

- ☐ measured
☐ reported
☐ unknown

Static Water Level,
ft. below surface:

- ☐ measured
☐ reported
☐ not measured
☐ can't be measured

Well Yield:

- ☐ gpm ☐ gph ☐ gpd
☐ measured
☐ estimated
☐ unknown

(8) SURFACE ANNULAR
MATERIAL:

- ☐ clay ☐ drill cuttings
☐ cement ☐ unknown
☐ open ☐ sand ☐ gravel
☐ concrete pad

(9) WELLHEAD

Is Well Located in a Pit?

- ☐ yes ☐ no ☐ unknown

Wellhead (casing top):

- ☐ well cap ☐ sanitary seal
☐ flush mount ☐ locking cap
☐ open ☐ unknown

Casing Above Ground Level?

- ☐ yes ☐ no ☐ unknown

inches above ground.

Discharge Pipe Below Surface?

- ☐ yes ☐ no ☐ unknown

Pitless Adapter Used?

- ☐ yes ☐ no ☐ unknown

(10) PUMP DETAILS

Date Installed:

- ☐ unknown Month Day Year

Pump Type:

- ☐ submersible ☐ bailer
☐ turbine ☐ jet ☐ hand pump
☐ none ☐ other ☐ unknown

Intake

Level: ft. below surface

Electric Connection:

- ☐ 2 wire ☐ 3 wire ☐ unknown

(11) WELL CONSTRUCTION DETAILS

Feet Below Surface
From To

Casing
Inside Dia. (in.)

Casing
Type

Casing Wall
Thickness (in.)

(12) SKETCH MAP OF VICINITY

(13) WELL USE (check all that apply)

- | | | |
|-------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> domestic | <input type="checkbox"/> livestock | <input type="checkbox"/> not used |
| <input type="checkbox"/> public | <input type="checkbox"/> irrigation | <input type="checkbox"/> abandoned |
| <input type="checkbox"/> industrial | <input type="checkbox"/> monitoring | |
| <input type="checkbox"/> other | | |

PWSID#

Water Withdrawal Permit #

(14) WELL SERVICE

Number of People Served:

Number of Service Connections:

Any Quantity Problems? ☐ yes ☐ no

Any Quality Problems? ☐ yes ☐ no

If "yes", describe in COMMENTS section, below.

(15) COMPLIANCE TO STANDARDS

Construction in Compliance with KY Standards?

- ☐ yes ☐ no ☐ unknown ☐ pre-law

If "no", describe in COMMENTS section, below.

(16) RELATIVE LOCATION

- ☐ upgradient ☐ sidegradient ☐ unknown
☐ downgradient ☐ varying ☐ N/A

(17) INSPECTION INFORMATION

Date of Inspection:

- Month Day Year

Water Quality Sample Taken: ☐ yes ☐ no

Reason for Inspection:

- ☐ general survey
☐ specific complaint investigation
☐ spill or incident response
☐ contamination site investigation
☐ enforcement
☐ general water quality analysis
☐ ambient groundwater monitoring
☐ other

Program Name and Facility ID#:

Alternate Well ID#:

(21) COMMENTS:

(22) INSPECTOR IDENTIFICATION

Name:

Last

First

MI

Inspector ID#

Agency: ☐ DOW ☐ DWM ☐ CHR ☐ KGS ☐ other

Signature of
Inspector:

Date: